## Town of Gilbert Parks and Recreation Department 2021 SPOOKY SLUGFEST 16IN SOFTBALL TOURNAMENT ROSTER

Team Name:				_ Manger Name:			
Manager Email:				Cell Phone:			
	Player's Name	Age	Address	City/Zip	Phone	Signature	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
ASSUMPTION OF RISK & RELEASE OF ALL CLAIMS & NOTICE  I allow my child and/or myself, to participate in this program. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may hereafter have as a result of participating in recreational activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my own physical condition is satisfactory to participate in physically demanding activities. I am at least 16 years of age. I also give my permission for any photos/video taken of participants to be used by the Town of Gilbert. I verify that all information provided is correct, and agree that the Town of Gilbert may require proof. I understand that providing incorrect information including but not limited to participant date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.							
Total All Re Tourr Email Uppe	nament fills on first com completed roster form r division tournament t	ament i e first se n to <u>Trev</u> eams fo	co-Ed  s done online at www.Gi  rve basis. Entry is not co or.Henry@gilbertaz.gov r this tournament will no	onfirmed until p c ot be accepted	payment and roster	are completed.	
	How many of your restored players regularly play tournaments?						

Phone: (480) 503-6640 Fax: (480) 503-6204 Web: